

SAFETY VARIANCE CHANGE REQUEST (SVCR) PRESSURE VESSELS AND SYSTEMS		1. VARIANCE NUMBER:		2. SUBMITTED DATE:	
3. NAME/MAIL CODE:		4. TITLE <i>(Brief reference to noncompliance):</i>		5. TYPE <i>(waiver, deviation or exception):</i>	
6. IDENTIFICATION <i>(System/Equipment ID, Building, Test Cell, etc.):</i>				7. EFFECTIVE DATES:	
8. APPLICABLE NASA and/or MSFC REQUIREMENT NOT MEETING COMPLIANCE <i>(Paragraph and/or Section):</i>					
9. DESCRIPTION OF CHANGE IN VARIANCE <i>(Include original variance request information and supporting documentation. Stipulate any changes in Risk Assessment Code (RAC), Corrective Action Plans, Implementation Plans, Schedule Deviation and Costs.)</i>					
APPROVAL SIGNATURES					
10. OWNER OR MANAGEMENT ORGANIZATION:			11. DATE:		
APPROVALS <i>(where required)</i>					
12. MANAGER, SQ & MS DEPARTMENT:		13. DATE:	14. PRESSURE SYSTEM MANAGER:		15. DATE:
16. DIRECTOR S&MA DIRECTORATE:		17. DATE:	18. ENGINEERING MANAGEMENT COUNCIL:		19. DATE: